ŀ	1		•			10.5
	PLACE OF BIRTH	ARIZONA STATE BOARD OF HEALT				ハスロル
	County of SWW	BUREAU OF VITAL STATISTICS.			State Inde	293
	Town of Aldeline	ORIGINAL C	ORIGINAL CERTIFICATE OF BIRTH.			er No./23
15	City of	, we first	_		Local Registra	er's No
		(No		St;		Ward)
	FULL NAME OF CHILD	*			5. Borr	· ·
:	If child is not named, make Supplemen	tal_Report on blank	obtainable from lo	ocal registrar.	Alive	<u> </u>
	Child Temal Triplet or other	and Nun in o	iber Legiti- 7	Date of Birth	5 2	5- 191 3
-	Father FATHER	<u> </u>	Full Maiden	MOTHER	ionth) (Day)	) (yr.)
	Residence M. C. C.	•,	Residence Residence	eam	e has	lain
	Color Delin Age a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Color	uam	i ari	26
	or Race Thile Birth	(Years)	or Race	lite	Age at last Birthday	(Years)
	Birthplace Illuni		Birthplace	voans	min	7
	Occupation Nucemight	1	Occupation	11	an'	Texas
	Number of child of this motherNumber of child	ren, of this mother, now living	Kone Were	precautions taken against	Ophthal or necnatorus	n 20,
Ì	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
!	I hereby certify that I attended the birth of above child; and that it occurred on, 5/25 1913, at M					
*When there is no attending physic- ian or midwife, then the householder} (Signature)					uds	
	Given or christian name added fron	ı a	(Atter	nding physician	midwife, hous	ieholder.*)
•	supplemental report191	~/	Address	Pu	ann	my.
-	ange-emental report191	Filed 31	21912		0-f	
	037-525-735	Filed 4/5	A True	COM 8 2 2	CAL REGISTR	AR.
	COUNTY REGISTRAR.		•	COU	NTY REGISTR	AR.